

## SUBSTANCE ABUSE RECOVERY UNIT TREATMENT TERMINATION NOTICE/APPEAL REQUEST

## **NOTICE OF PROGRAM TERMINATION**

have the righ	t to appeal the termi	nation per DOC 580.00	n the substance use disc 00 Substance Use Disorc	der Treatment
	ermination may not el. By initialing belov		rrent violation(s) result	ted in a change of
		to appeal the decision		
		appeal the decision and days from the date of t	d understand the appeal his document.	must be postmarked
Name		Signature	DOC number	Date
Witness		Signature		Date
Substance Use Disorder Professional		Signature		Date
		APPEAL REQI	JEST	

Appeals must be mailed to:

ATTN: Substance Abuse Recovery Unit Administrator at P.O. Box 41123, Tumwater, WA 98504-1123.

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